



Features

Chroniques

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Postgraduate training in US only option for some Canadian MDs seeking retraining

Sandy Robertson

En bref

LES MÉDECINS CANADIENS qu'une pénurie de possibilités d'études postdoctorales au Canada a forcés à se rendre aux États-Unis affirment que des réformes s'imposent. La Nouvelle-Écosse augmente le nombre de places de résidence en médecine familiale qu'elle offre. L'American Medical Association signale que le nombre de médecins canadiens recevant une formation spécialisée aux É.-U. diminue régulièrement depuis trois ans.

Canadian physicians have been drifting south for generations, and their motivations were usually obvious: more opportunities, a better lifestyle and a kinder climate. But the loss of talent to Canadian medicine is more poignant when those seeking postgraduate education in the US would have preferred to stay here.

"I never imagined in my wildest dreams that I would be living and doing a residency in the United States," says Dr. Phil Narini. Moving south had never been part of his plans and certainly it was not the choice his family wanted him to make. Born in Toronto, Narini is part of an extended Italian-Canadian family. After graduating from the University of Toronto in 1986 he spent 5 years in general practice in an underserved part of rural Ontario. He then applied for residency training but found the doors had closed, even though there were programs willing to accept him. The current restrictions on postgraduate training that affect practising physicians had evolved while Narini was in practice; along with many others, he was caught unawares. He worked for 2 years as research assistant to a plastic surgeon, studying the immune response to silicon gel.

"I found out about the restrictions to postgraduate training after being rejected for residency 2 years in a row," he explains. "No one informed the public, the patients or medical students what was going on."

He finally found a residency in the specialty of his choice, but had to go to the US to do it. He is now completing his fourth year in the Department of Plastic and Reconstructive surgery at the Medical College of Wisconsin in Milwaukee.

Kim McBride, a Regina-born graduate of the University of Saskatchewan, also sought a re-entry position. After graduating he did locums and emergency room work, then travelled in Asia and the Pacific Rim before settling down to general practice in the Halifax-Dartmouth area.

Although McBride had been planning for years to seek residency training, he realized too late that this door had been closed for many practising doctors. When he applied for the US residency match, he was surprised at how interested the interviewers were. "It was the direct opposite of the Canadian situation, where it seemed that I wasn't wanted," he said.

McBride's wife, Dr. Bonita Fung, is a pathologist, so



Dr. Phil Narini beside his duct-taped Rabbit



their migration to the US was a double loss to Canadian medicine — the more so because they don't have a compelling and legal requirement to return. Fung, the daughter of a Saskatchewan general practitioner, was born during her parents' temporary stay in the US, and this means that she and her husband are eligible for the coveted green card. But the move was not their first choice.

"For 5 years I spent time talking to Dalhousie's program director in pediatrics and to the director of postgraduate training and to others," explains McBride. "There was interest on both sides, but there were no positions available. I finally entered the US match in 1996."

He is now in the first year of a pediatrics residency at the Mayo Clinic in Rochester, Minnesota.

For Narini and McBride, uprooting their families was a harsh and difficult decision. For McBride, it meant asking his wife to relinquish a staff position at Dalhousie, which she job-shared with a close friend. At the time of the move south, she was 7 months pregnant.

Narini says his decision involved "major reluctance, major frustration." He felt "very, very angry to have to go to the US, when there were Canadian programs that were willing to accept [me] . . . and frustrated at being denied."

In addition, his extended family in Toronto was shocked and disappointed at the turn of events. His wife, Marie, with perhaps a tinge of rancour, remarked: "So, when are *you* going?" With only a J-visa — it is issued to those studying temporarily in the US — Marie cannot work south of the border. This means that the couple and their 2 sons must live entirely on Narini's resident's salary. "I drive with duct tape on my car and do the repairs myself."

Twenty years after graduating from high school, Narini believes that the move and his decision to specialize in his chosen field has cost his family, conservatively, \$100 000 a year in lost income.

The safety issues that accompany life in many large US cities are also a consideration for Narini's family — he believes few Canadians appreciate the relative safety of life north of the border. "There are places you just don't go to [here]," he says. His wife drives their sons to a private school in a safe neighbourhood in an area where they cannot afford to live.

McBride's family has fewer concerns about safety. Rochester is a small midwestern city of 70 000 that has been ranked "best place to live" by *Money* magazine. But Bonita Fung misses the vibrant city life found in Halifax, as well as family, friends and, most certainly, her job.

Both physicians readily recognize the opportunities now afforded them professionally and educationally. Despite his long hours — he has a 6 am start, on-call duties with the emergency department and surgery that may continue until midnight — Narini is happy to be doing work he enjoys in his chosen program. Life as a resident is

"not a lot of fun," but he is grateful for the chance he has had and for the program that was offered to him. However, he ruefully admits that he would "much rather have trained in Canada."

McBride, in his first year of pediatrics at the Mayo Clinic, is also doing what he wants. He believes that the opportunities to reach his ultimate goal — research and a practice involving medical genetics — are much greater because of his move south. He claims that pediatric residency positions in Canada are virtually nonexistent and, had a position become available, his wife would have little chance of finding work in pathology. In the US she has more opportunities, at least for now, to continue in her profession.

Both McBride and Narini remain Canadian citizens, as do their wives. McBride and Fung, along with their children, hold dual citizenship. Will they return to Canada? That is the question most relevant to Canadian medicine. Those in the US with a J visa are obliged to return, although there are many tales of Herculean efforts that thwarted, or sidestepped, this rule. Narini is adamant. Even if there are no roadblocks to his remaining in the US, he will return home eventually. Toronto is where his roots and his family are. Equally encouraging is his ambition to "set up shop in the northern parts of Ontario to bring plastic surgery to a huge population that just didn't have access when [I] was practising there." He plans to concentrate on reconstructive and hand surgery, and would also like to do "travelling medicine" that would involve visits to smaller communities instead of having the patients travel to large centres.

Kim McBride is less optimistic, but he is still in the first year of his residency and has time to decide. For the moment he is keeping his options open. He remains angry and bitter about being "forced out" of Canada. "I know of no other profession that has had such limits imposed on its practitioners," he says.

Although McBride and Narini both speak highly of Canadian institutions and of the consistent quality of medical care across the country, they are dubious about the future of medical education in Canada unless drastic changes are made. "In the States the programs are as diverse as the cities themselves," says Narini, who feels strongly that Canada is in trouble. His advice to new graduates: "Apply to the US [programs], but do your homework first and know what you are getting into." He also warns that restrictions are on the way in the US.

McBride is worried that funding cuts may affect the quality of teaching in Canada. He stresses that reform is due, particularly in the area of re-entry to postgraduate programs for physicians who have been in practice. He feels that the shortage of these positions has hurt Nova Scotia deeply. "No one wants to go into family practice



these days unless there is light at the end of the tunnel.”

It appears there finally may be some light. Dr. William Wrixon, the associate dean of postgraduate medical education at Dalhousie, says Nova Scotia is leading the drive to restore flexibility in the postgraduate training system. In particular, the provincial health department has agreed to increase the number of family practice residency spots over the next 3 years. Also, there are more “switches” available to those making their first career choice. He says the initial feeling of hysteria that accompanied changes in the postgraduate training system is beginning to disappear.

“The system is not [written] in stone and it must keep improving,” he says. “But this will only happen soon if we stop lamenting about the good old days and work at solving the problems.” One reform he supports is a common year that would allow new graduates to explore all specialties.

Dalhousie has made a concerted effort to provide better counselling, and first- and second-year students now attend career days to discuss their plans with specialists in a stress-free atmosphere.

Sandra Banner, executive director of the Canadian Resident Matching Service, agrees that Nova Scotia is

aggressively leading the reform drive and stresses that migration to the US can no longer be considered a trend. The total number of Canadians applying for US residencies rose 2 years ago, but has since decreased. Figures provided by the Canadian Post-MD Education Registry tend to support this. The number of newly minted Canadian physicians leaving for the US for further training peaked at 91 in 1993. By 1997, at 57, the number was below its 1989 level (58). These figures, of course, exclude those, like Kim McBride and Phil Narini, who sought to enter a new specialty after years in the trenches.

However, the 1993 peak is reflected in data from the American Medical Association’s Masterlist. The total number of Canadian-trained medical graduates receiving postgraduate training in the United States stood at 706 in 1994; in 1995 it stood at 530 and in 1996 at 565.

However, even though the future may be improving for those starting out, the lack of postgraduate training opportunities has been bitter medicine for those already in practice. This is particularly true for doctors like Kim McBride and Phil Narini, who did not want to leave Canada in the first place. ?